

ATTACHMENT 4

Optional School-Based Services Activity Log Sample (Task method)

(A copy of an example "Optional School-Based Services Activity Log for Nursing/Therapy Medical Services" is located on the following page.)

**WISCONSIN MEDICAID
OPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG
NURSING/THERAPY MEDICAL SERVICES**

Task method

| Name — Student (Last, First, MI) Student, Ima G. | | | Name — School Wisconsin Elementary | | | |
|---|--------------------------|---|---------------------------------------|--------------------------------------|-----------------------------|---|
| Date of Service (MM/DD/YY) | General Service Category | Unit of Service (Time or Units) | Group or Individual | Describe Specific Services Performed | Student's Response/Progress | Initials or Signature* (Of Person Who Performed Service) |
| 10/12/01 | nursing | 3 times, 9 a.m., 12 p.m. and 3 p.m. (1.5 units) ¹ | Ind | Eye drops instilled | Excessive redness | Ima Provider |
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| *Initials Key | Signatures — Corresponding Staff | Date Signed (MM/DD/YY) |
|---------------|----------------------------------|------------------------|
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Therapy services only:**A.** Does the recipient have insurance?☐ Yes ☐ No

(If yes, go to B. If no, stop.)

B. Is there an insurance exclusionary clause for all school-based services?☐ Yes ☐ No

(If yes, insurance liability does not apply. If no or do not know, go to C.)

C. Check the option selected:

- ☐ Option 1: School assuming insurance liability. (Subtract the first occurring unit of occupational therapy [OT] [group or individual] and/or physical therapy [PT] [group or individual] during the calendar month from the monthly claim for services. Bill the remaining services to Wisconsin Medicaid. Do not indicate an "other insurance" disclaimer code in Element 9 of the CMS 1500 claim form.)
- ☐ Option 2: School seeking insurance payment for OT (group or individual) and/or PT (group or individual). Schools must have parental permission for this option.
- ☐ Option 3: School not seeking Medicaid payment for OT (group or individual) and/or PT (group or individual).

¹Specific times are included to meet requirements for Nursing Clinical Practice Standards.